Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME	Oueston Construction	. Inc.	
ADDRESS			
920 1 st ST. NW			
CITY			
Albuquerque			
STATE			
NM			
ZIP CODE 87102			
PHONE	FA	v	
505-897-6787	¬ —	5-890-0157	
EMAIL: queston@qwest.net			
queston@qwest.net			
PRIMARY CONTACT Tina Cordova	:		
	TION WORK (Check al t Primary Expertise		
☐ Site Work	☐ Demolition	□Exterior Utilities	☐ Paint
☐ Structural ☐ Carpet	☐ Steel Fencing x☐ Roofing	☐ Masonry x☐ Building	☐ Mechanical (HVAC/Plumbing)☐ Electrical
□Mechanical	☐ Clean Room	☐ Fire Protection	☐ Nuclear Facility
12 years	our organization been in a	he construction business und	contractor? der its present business name?
Under what former nam Queston Company	nes has your organization	operated?	
qualifications.	•		ith firm, educational training and
	er - 12 years – M.S., B.S wher – 12 years – license	., licensed general contractor	r
I KIISS Stewart - Part-o	wner – 17 vears – license	ed general contractor	

Bill Cordova – Manager – 7 years – B.S.

List the categories of work that your organization	normally performs with its cor	npany personal.
Metal building construction, framing, drywall, m	netal roofing, tile roofing, sing	le-ply roofing
List the major projects your organization has in pro		
amount, date/expected completion, percentage per Strategic Computing Complex – LANL – 800,00	formed with its company person 10.00 – Completed in March 2	onal 002 – 95% of
work performed by Queston. Non-Proliferation and International Security Cer	nter _ I ANI _ 390 000 00 _ C	omnlete in
November 2002 – 90% of work performed by Q		ompiete in
List your Trade References Hensel Phelps – Construction – Gary Johnson		
Jaynes Corporation – Daniel Sanchez		
Henderson Construction		
List your Surety company or your banking affiliate		
Wells Fargo Bank – Alberto Peralta – 765-5176		
Talbot Agency – Cecilia Fernandez – 828-4148		
What is your organization's current bonding rate? Single800,000 Aggre	egate1.5 million	
Has your firm entered into a contract that had to be	e completed by your surety with	thin the past five years?
Yes □ No □x		
List your Contractor's New Mexico license classif	ication(s):	
GB98 – 80559		
Safety History:		
Salety History.		
List your firm's: Workmen's compensat Injury/Illness case rate, and Lost workday previous three year period.		
EL (D	Total Related Illnesses	
20020.81	0	0
2001 0.81	15.79 9.34	0 7.9
20000.81	9.34	00
Rate Type: Interstate,	, In-Statex, Mono	ppolistic
Insurance Carrier:		
Builders Trust of NM]	
· · · · · · · · · · · · · · · · · · ·	J	

What is your firm's North America	an Industrial Classification	System (NAICS) code?	
Primary NAICS Code: 23332	20		
Other NAICS Codes: 233210,	235610		
\square Disabled Veteran $x\square$ HU Present number of employees	all Business 📮 Small Disa	n if 8(a) Certified or Small Disad dvantaged □ 8(a)□ Large □ Over 100	lvantaged. Ueteran